

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re: EDWARD P. CORMICAN	§	Case No. 06-71724
CHERYL A. CORMICAN	§	
	§	
Debtors	§	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/21/2006.
- 2) The plan was confirmed on 12/15/2006.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 09/28/2009.
- 6) Number of months from filing or conversion to last payment: 36.
- 7) Number of months case was pending: 40.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$46,150.00.
- 10) Amount of unsecured claims discharged without full payment: \$86,092.36.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$ 11,340.00	
Less amount refunded to debtor	\$ 0.00	
NET RECEIPTS		\$ 11,340.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 1,996.50	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 753.91	
Other	\$ 0.00	
TOTAL EXPENSES OF ADMINISTRATION		\$ 2,750.41
Attorney fees paid and disclosed by debtor:	\$ 1,116.00	

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
ATTORNEY MARK E ZALESKI	Lgl	2,500.00	3,112.50	3,112.50	1,996.50	0.00
CITIZENS STATE BANK	Sec	0.00	NA	NA	0.00	0.00
ROUNDUP FUNDING LLC	Uns	1,465.00	1,465.86	1,465.86	175.56	0.00
AMERICAN EXPRESS CENTURION	Uns	2,833.00	2,833.03	2,833.03	339.30	0.00
AMERICAN GENERAL FINANCE	Uns	557.00	806.50	806.50	96.59	0.00
ASSET ACCEPTANCE CORP	Uns	521.00	463.58	463.58	55.52	0.00
ASSOCIATED ST. JAMES	Uns	230.00	NA	NA	0.00	0.00
CAPITAL ONE BANK (USA) NA	Uns	4,236.00	4,579.31	4,579.31	548.44	0.00
CASTILIAN MUSIC	Uns	68.00	NA	NA	0.00	0.00
CHGO HTS MED CONSULTANTS	Uns	675.00	NA	NA	0.00	0.00
CHICAGO HEIGHTS - FIRE DEPT.	Uns	250.00	NA	NA	0.00	0.00
ROCKFORD MERCANTILE AGENCY	Uns	275.00	275.00	275.00	32.94	0.00
DISH NETWORK	Uns	46.00	NA	NA	0.00	0.00
TRI STATE ADJUSTMENTS	Uns	139.00	138.90	138.90	16.63	0.00
FREPORT HEALTH NETWORK	Uns	80.00	NA	NA	0.00	0.00
TRI STATE ADJUSTMENTS	Uns	5,750.00	730.00	730.00	87.43	0.00
ILLINOIS/INDIANA EMERGENCY	Uns	156.00	NA	NA	0.00	0.00
INDIANA DEPARTMENT OF	Pri	293.00	3,679.35	3,679.35	3,679.35	0.00

Scheduled Creditors:

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
INDIANA DEPARTMENT OF	Uns	0.00	746.00	746.00	89.35	0.00
INDIANA INSTITUTE OF	Uns	35.00	NA	NA	0.00	0.00
INGALLS MEMORIAL HOSP.	Uns	360.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Uns	1,404.26	1,672.54	1,672.54	200.31	0.00
LENA STATE BANK	Uns	1,600.00	NA	NA	0.00	0.00
LOWELL HIGH SCHOOL	Uns	55.00	NA	NA	0.00	0.00
LUNDHOLM SURGICAL GROUP,	Uns	200.00	NA	NA	0.00	0.00
MCI RESIDENTIAL SERVICE	Uns	374.00	NA	NA	0.00	0.00
MEDTRUST HEALTHCARE	Uns	325.00	NA	NA	0.00	0.00
NATIONAL CREDIT AUDIT CORP.	Uns	40.00	NA	NA	0.00	0.00
NORTHERN ILLINOIS IMAGING	Uns	5,334.00	NA	NA	0.00	0.00
NORTHLAND GROUP	Uns	5,000.00	NA	NA	0.00	0.00
PORTER HEALTH SYSTEMS INC	Uns	1,850.00	1,840.59	1,840.59	220.44	0.00
PRAMOD K. ANAND, M.D.	Uns	40.00	NA	NA	0.00	0.00
PRIMECO PERSONAL	Uns	5.00	NA	NA	0.00	0.00
PROGRESSIVE INSURANCE	Uns	75.00	NA	NA	0.00	0.00
VATIV RECOVERY SOLUTIONS LLC	Uns	4,940.00	4,856.09	4,856.09	581.58	0.00
RADIOLOGIC ASSOCIATES NW IN	Uns	235.00	NA	NA	0.00	0.00
RADIOLOGY CONSUTANTS OF	Uns	1,430.00	NA	NA	0.00	0.00
SMITS FUNERAL HOMES, LTD	Uns	14,350.00	NA	NA	0.00	0.00
ST. JAMES HOSPITAL	Uns	17,000.00	NA	NA	0.00	0.00
ST. MARGARET MERCY HOSPITAL	Uns	350.00	NA	NA	0.00	0.00
SUBURBAN HEIGHTS MEDICAL	Uns	650.00	NA	NA	0.00	0.00
SWEDISH AMERICAN HOSPITAL	Uns	325.00	NA	NA	0.00	0.00
TERESA BURTON	Uns	6,000.00	7,868.02	7,868.02	942.30	0.00
THE MONROE CLINIC	Uns	225.00	NA	NA	0.00	0.00
UNITY PHYSICIAN GROUP	Uns	490.00	NA	NA	0.00	0.00
VATIV RECOVERY SOLUTIONS LLC	Uns	350.00	334.11	334.11	40.02	0.00
MUTUAL MANAGEMENT SERVICES	Uns	0.00	6,764.06	6,764.06	810.09	0.00
RADIOLOGIC ASSOCIATES NW IN	Uns	0.00	231.00	231.00	27.67	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	1,278.00	1,278.00	153.05	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	1,276.00	1,276.00	152.81	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	295.00	295.00	35.33	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	304.00	304.00	36.41	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	534.26	534.26	63.98	0.00

Scheduled Creditors:

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
TRI STATE ADJUSTMENTS	Uns	0.00	38.00	38.00	4.55	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	41.20	41.20	4.93	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	38.00	38.00	4.55	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	179.00	179.00	21.43	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	301.53	301.53	36.11	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	53.90	53.90	6.45	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	130.20	130.20	15.59	0.00
TRI STATE ADJUSTMENTS	Uns	0.00	551.60	551.60	66.06	0.00
MIDLAND CREDIT MANAGEMENT	Uns	0.00	374.32	374.32	44.82	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 0.00	\$ 0.00	\$ 0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 3,679.35	\$ 3,679.35	\$ 0.00
TOTAL PRIORITY:	\$ 3,679.35	\$ 3,679.35	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 40,999.60	\$ 4,910.24	\$ 0.00

Disbursements:

Expenses of Administration	\$ 2,750.41	
Disbursements to Creditors	\$ 8,589.59	
TOTAL DISBURSEMENTS:		\$ 11,340.00

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 01/26/2010

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.